



# Community Case Management **Overview**



**coregroup**

Advancing community health worldwide.

September 16, 2011

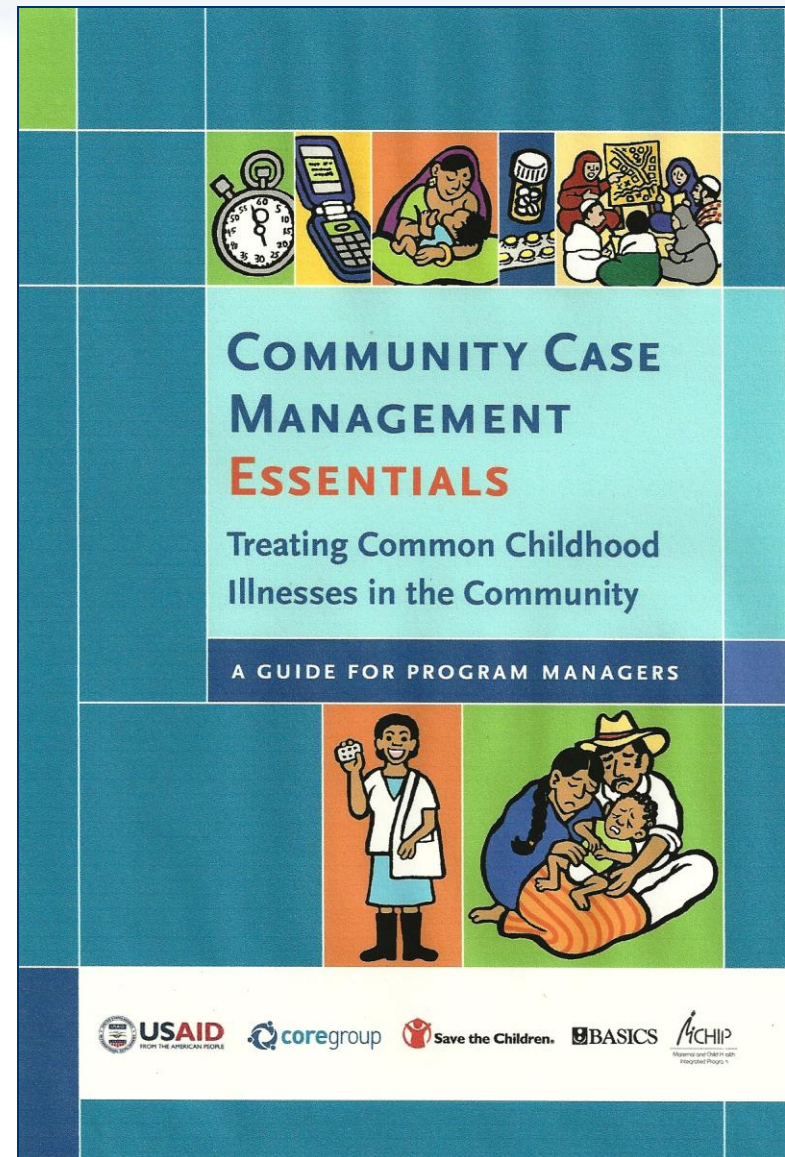
CCM TAG

*Shannon Downey*





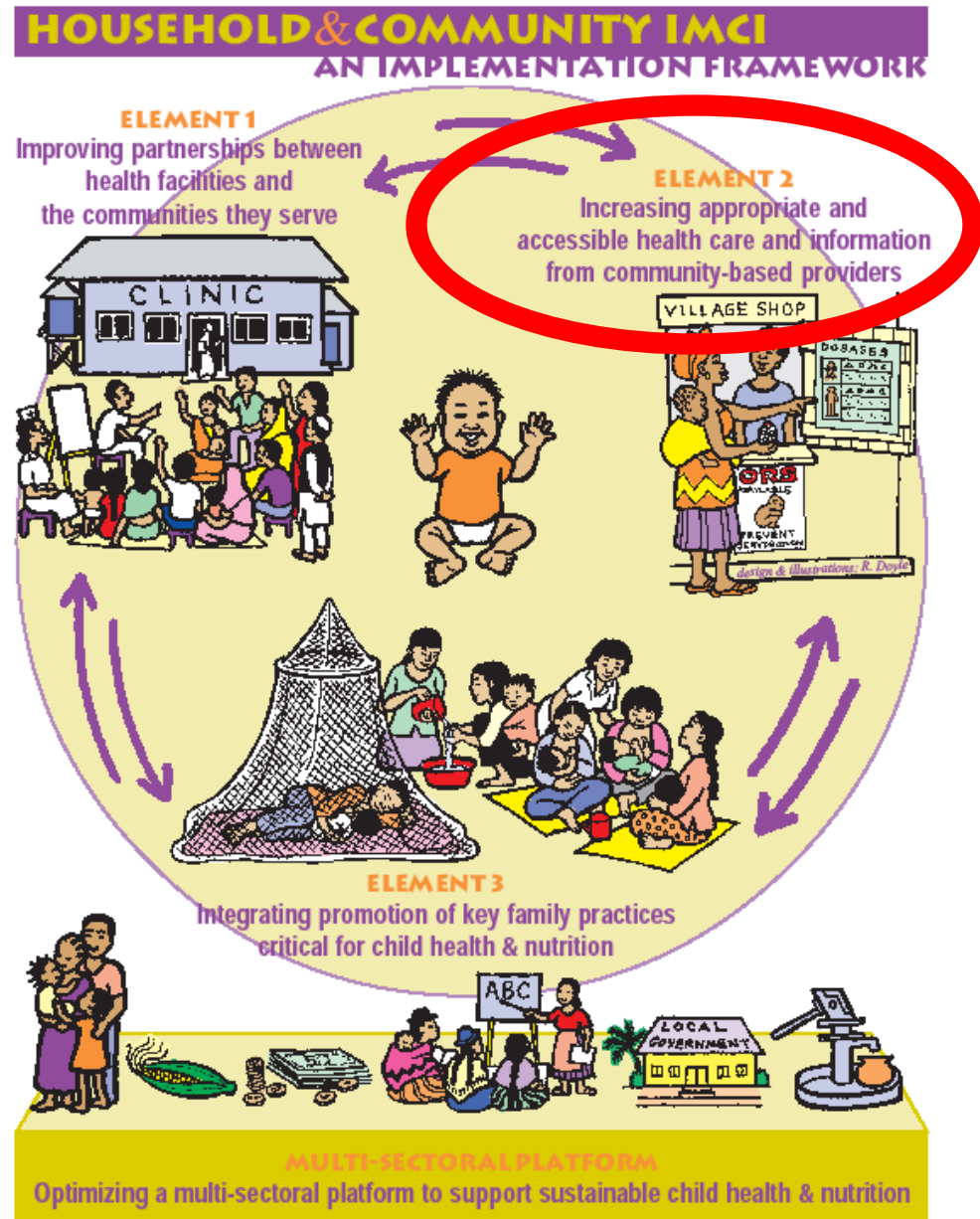
- Inspired by *Immunization Essentials* and conceived in 2004
- Highly collaborative effort among many different organizations
- Based on experiences from dozens of countries
- 231 pages, 55 boxes, 32 figures, 20 tables, 160 references, and 1 laminated graphic
- Made possible by support from USAID and MCHIP





Within this Community-Integrated Management of Childhood Illnesses (C-IMCI) Framework, CCM falls in **Element 2**—*Increasing appropriate and accessible health care and information from community-based providers.*

It includes promoting timely care-seeking, encouraging appropriate home care, as well as referrals to and supervision from facilities.

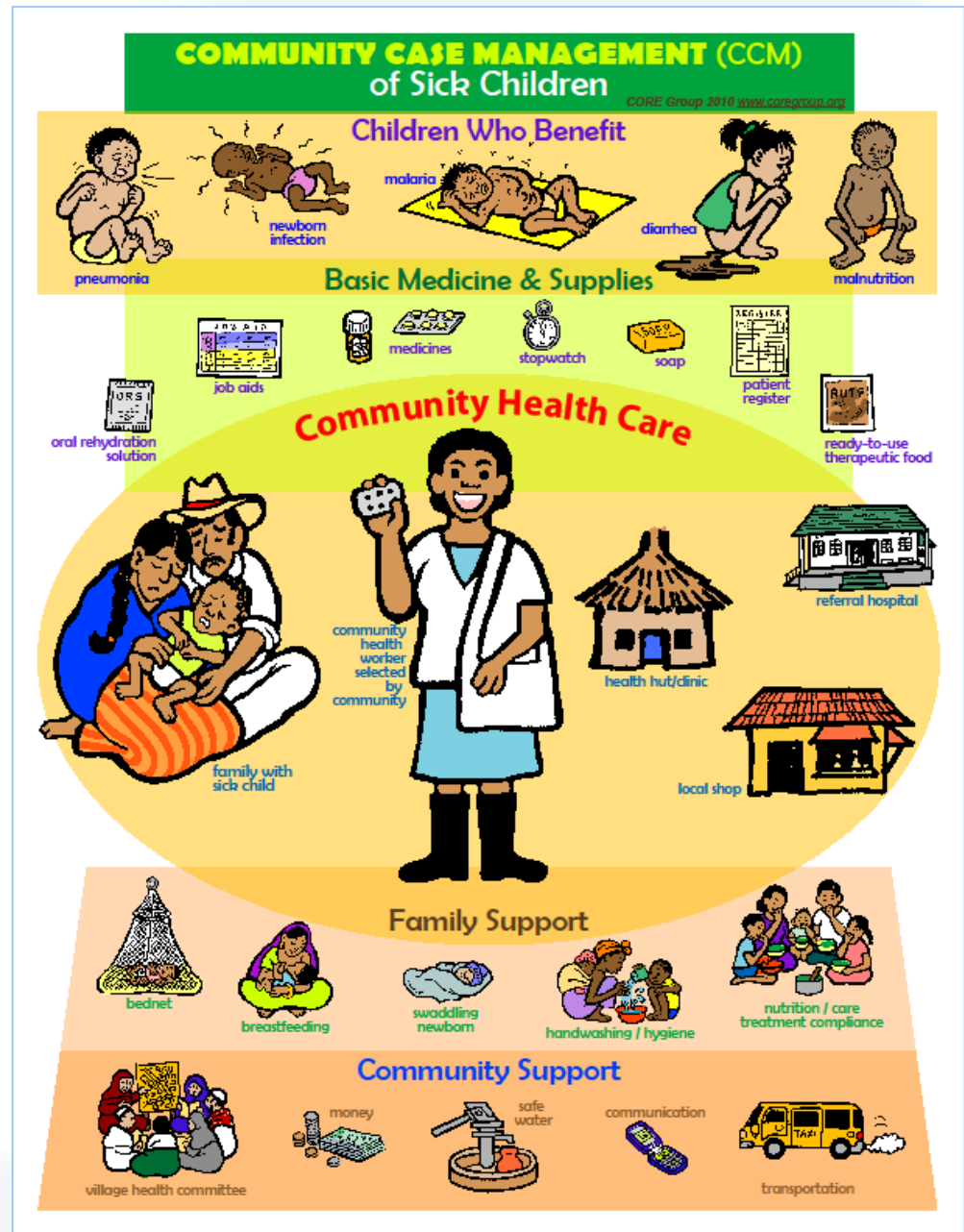


## CCM Graphic

Evidence-based curative child survival interventions used in CCM

- antibiotics for pneumonia
- antimalarials for malaria
- oral rehydration therapy and zinc for diarrhea
- antibiotics for newborn sepsis
- antibiotics for dysentery
- ready-to-use therapeutic foods (RUTF) for acute severe malnutrition

Front



- CCM targets the conditions that cause the most child death in developing countries.
- CCM relies on evidence-based child survival interventions.
- CCM brings curative interventions to children in those communities that are hardest to reach.
- CCM utilizes trained, supervised community members, linked to facility-based services, to deliver interventions.
- CCM is consistent with evidence-based protocols recommended by WHO, UNICEF, and other international health agencies.

### Community Case Management of Sick Children (CCM)

- **CCM targets the conditions that cause the most child death in developing countries.** Leading causes of death among children under five years of age are pneumonia, diarrhea, malaria, and neonatal causes. Under-nutrition is estimated to be an underlying cause in 35% of all under-five deaths, even more so in those associated with severe infections.
- **CCM relies on evidence-based child survival interventions.** A few (30 or so) interventions have been proven to save the lives of newborns and children under five, at a price that is affordable in developing countries. CCM expands the use of curative interventions while supporting prevention. Key interventions include preventative measures such as exclusive breastfeeding in the first six months of life and treatments such as antibiotics for dysentery, pneumonia and neonatal sepsis; oral rehydration therapy and zinc for diarrhea; anti-malarials for malaria; Vitamin A for measles; and Ready-to-Use Therapeutic Foods for acute severe malnutrition.
- **CCM brings curative health care to children in those communities that are hardest to reach.** CCM is a strategy for populations that lack continual access to curative interventions, typically, but not exclusively, poor, rural communities. Among the world's countries, mortality is considerably higher in children who live in rural areas and in the poorest households.
- **CCM utilizes trained, supervised community members, linked to facility-based services, to deliver interventions.** These community members can be formal Ministry of Health (MOH) outreach workers, paraprofessional Community Health Workers (CHWs), of which there are many varieties, or private sector workers, among others. CHWs may perform their duties from their homes, a community-constructed building, or government or private health facility.
- **CCM is consistent with practices recommended by WHO, UNICEF, and other international health agencies.** WHO, UNICEF, and other international agencies have jointly called on countries to adopt and promote policies and programs that have strong community-based components to deliver interventions for diarrhea, malaria, pneumonia, newborn care, and acute severe malnutrition, while improving services at first-level health facilities.

## CCM Essentials Guide Considerations

- Already may not reflect most recent policy or guideline changes
- Some sections may not be relevant to all programs and can be referred to by specific sections as needed
- Need for translation into other languages and other tools

## Next Steps

- Continue dissemination and promotion through MCHIP, USAID, UNICEF, NGOs and Country Programs
- Guide has been translated into French (*needs to be printed*)
- **NOW What?** <http://www.coregroup.org/our-technical-work/initiatives/ccm>





***“Existing Tools and Gaps** Numerous tools exist to support CCM, but no package completely addresses “integrated” CCM, which delivers treatments for more than one disease.”*

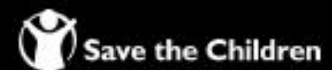
***“The Way Forward In light of:** (1) the recognized need for community-based strategies like iCCM to achieve Millennium Development Goal 4; (2) concerted advocacy for iCCM by UNICEF, USAID, WHO, bilateral donors, and NGOs, among others; (3) increased donor support for iCCM; (4) iCCM policies, programs and plans gaining momentum; and (5) the lack of a complete set of iCCM implementation tools – SC offers this integrated tool-kit.”*

David Marsh, *Save the Children*

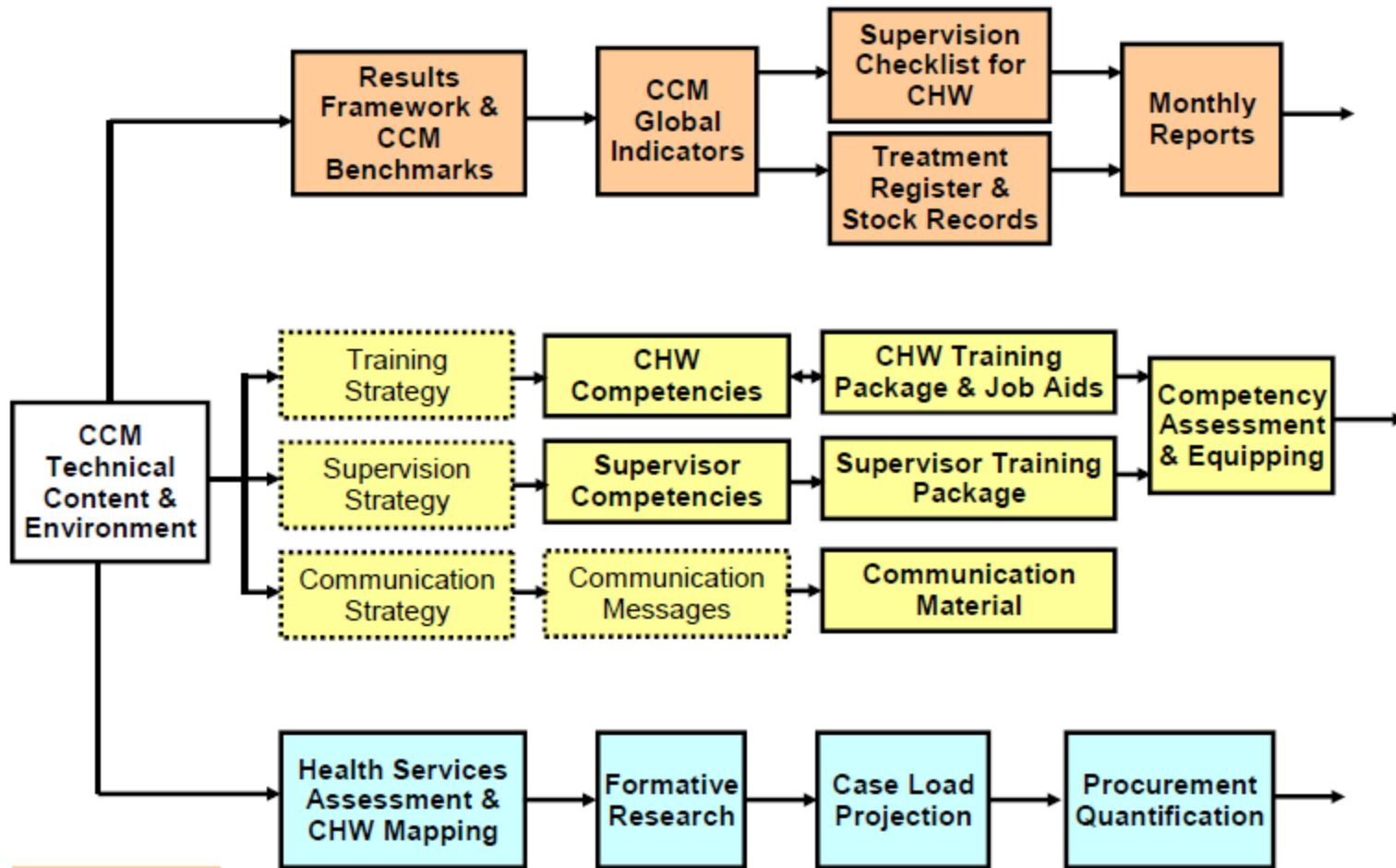


**Tools to Introduce  
Community Case Management (CCM)  
of Serious Childhood Infection**

Version: March 2011



## Map of Main CCM Tools\*



\*Monitoring  
Implementation  
Planning

“Tools to Introduce CCM of Serious Childhood Infection” *Save the Children*



# Joint Statements UNICEF-WHO

Diarrhoea



Pneumonia



Severe acute  
malnutrition



Home visits for  
newborn care



**Coming Soon: CCM**

# UNICEF/WHO

## Training Materials

### **1. *Caring for the sick child in the community***

- Introduced in numerous countries, including Malawi, Philippines, Zambia
- Adapted versions in Egypt, Sudan, Uganda, Yemen
- Version with RDT tested in Uganda, revisions nearly final

### **2. *Caring for the newborn at home***

- Based on work in Ghana and south Asia; tested in Cambodia, India, Kenya, Philippines
- Introduced in DR Congo, Malawi, Nigeria, Uganda, Zambia, Zimbabwe, Senegal
- Adaptations of illustrations for South Asia and for Africa

### **3. *Caring for the child's healthy growth and development***

- Tested in Philippines in March 2011
- Revised version to be available July 2011 for application in India
- Illustrations being developed in 3 sets for use in: Europe / Latin America, Asia, Africa

- January 2001—With the CORE Group, co-sponsored a workshop (in Baltimore) on “Reaching Communities for Child Health.” This established community care as one of the 3 elements in the HH/C-IMCI framework.
- March 2002—Held a regional workshop in Mbour, Senegal on C-IMCI, including discussion of CCM of pneumonia (ARI).
- May 2002—Participants in a Senegal workshop to review DMCI survey results noted that antibiotics were already attainable through certain sources in communities and recommended a study to determine the feasibility of cotrimoxazole management by community volunteers to treat ARI.
- June 2002—Partners at the Stockholm meeting express support for the Senegal initiative.

2009 Emmanuel Wansi, BASICS and Eric Swedberg, Save the Children



- January 2003—Workshop held in Arlington to develop a protocol for the Senegal CCM (of ARI) feasibility study.
- March 2003—Field implementation began in Senegal.
- June 2004—A review of results from Senegal results in a recommendation for program expansion, with approval given by the MOH in 2005.
- December 2005 —integrated CCM training begins in DR Congo.
- March 2006—Sub-regional workshop on CCM of pneumonia held in Senegal
- February 2007—first training of Madagascar CHWs in integrated CCM.
- October 2007—International workshop on integrated CCM held in DR Congo.
- December 2007—Volunteers trained in integrated CCM in Rwanda
- **August 2008—International workshop on integrated CCM held in Madagascar.**

2009 Emmanuel Wansi, BASICS and Eric Swedberg, Save the Children

# USAID CSHGP

- The Child Survival and Health Grants Program contribute to CCM in **12 countries** (Sudan, Benin, Niger, Nepal, Uganda, Zambia, Burundi, Liberia, India, Afghanistan, Ethiopia, Rwanda). There are 18 projects in total contributing to global and national learning to inform policy. These projects collectively reach 1,613,624 children under the age of five.
- Seven of the **18 projects** are implementing integrated community case management (malaria, diarrhea, pneumonia) while others focus on a single disease area.

Meredith Crews, USAID

# USAID CSHGP

World Vision (2 – **Sudan**, Afghanistan)

CARE (2 – Rwanda, Nepal)

**CHS Benin**

Concern Worldwide (3 – **Niger, Burundi, Rwanda**)

HealthRight Nepal

Medical Teams Uganda

Save the Children (2 – **Zambia, Ethiopia**)

Curamericas Liberia

Episcopal Relief & Development Uganda

CRWRC India

Plan Nepal

Relief International Niger

World Relief Burundi

Meredith Crews, USAID



# Expanded Impact Project

## Rwanda Consortium:

- Concern Worldwide
- IRC
- World Relief

*Final Evaluation Coming Soon...*

- The IRC has been implementing community case management of childhood illnesses in sub-Saharan African countries since late 2004.
- Currently, the IRC is supporting community case management in 17 rural underserved districts in Ethiopia, Ivory Coast, Rwanda, Sierra Leone, Southern Sudan and Uganda.
- At present, the program covers a population of over 3,600,000, including 600,000 children under the age five.
- The network is formed by 12,000 community health volunteers referring to 300 health facilities.
- The project has provided a total number of 2,000,000 treatments and is currently providing about 65,000 treatments on a monthly basis.
- The population covered by each community health worker ranges from 290 in Sierra Leone to 410 in Ivory Coast.
- On average, 90% of the community health workers gets a supervision visit at home by a peer supervisor every month.



## **Integrated Community Case Management of Childhood Illnesses:**

Documentation of Best Practices and Bottlenecks to  
Program Implementation in Senegal



- Since 2007, CIDA's Multilateral Branch has committed \$177M in new programming to community-based approaches for addressing malaria, pneumonia and diarrhoea, making Canada an early leader in support for fever management for children
- *Each program uses different strategies and the package of interventions is modified for the country context and policy environment*
- **Current support includes:**
  - **Population Services International**
  - **International Rescue Committee**
  - **Save the Children**
  - **Malaria Consortium and**
  - **UNICEF**

# CIDA Community Case Management Program

	Cameroon	DRC	Malawi	Mali
Total population covered	2.13 Million	1.51 Million	1.50 Million	2.3 Million
Treatment	ACT ORS + Zinc (in pilot area)	ACT, ORS/Zinc, Antibiotics (Cotri)	ACT, ORS/Zinc, Antibiotics (Cotri)	ACT
Evaluation	TDR Impact Evaluation + Mid-term evaluation	TDR Impact Evaluation	TDR Impact Evaluation	Purpose level only
Trained CHWs	1,749	796	857	370

\*PSI has already trained CHWs in malaria treatment in [Sudan](#) and will begin training and distribution of diarrhea and pneumonia treatment shortly.

Stephanie Dolan, PSI




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## CONTACT US

In 2009, 305,000 children under the age of five died in Mozambique and Uganda. The main causes of death were diarrhoea, pneumonia and malaria. Access to good quality healthcare in the community could save thousands of these lives



## About inSCALE

inSCALE is a Malaria Consortium project funded by the Bill & Melinda Gates Foundation. It is currently being implemented in Mozambique and Uganda with the support of the London School of Hygiene and Tropical Medicine and University College London's Centre for International Health and Development.

Innovations at Scale for Community Access and Lasting Effects (inSCALE) seeks to increase coverage of integrated community case management (ICCM), which provides community based-care for diarrhoea, pneumonia and malaria. This is achieved through training community based agents to diagnose and treat these three main childhood illnesses. ICCM focuses on the widespread use of diagnostics for pneumonia and malaria, appropriate treatment and community health education.

inSCALE aims to demonstrate that resources and impact of community-led ICCM programmes can be extended if

## Latest News

[Click, here for more](#)

## Mozambique

[Implementation site](#)

## Uganda

[Implementation site](#)

## **Health focused community based agents: motivation and incentives**



Landscape analysis of mHealth approaches which  
can increase performance and retention of  
community based agents

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Rwanda's CCM program is geared towards treating children under five.

### The Improving Supply Chains for Community Case Management of Pneumonia and Other Common Diseases of Childhood (SC4CCM)

project aims to demonstrate that supply chain constraints at the community level can be overcome, and that doing so may yield significant improvements in the effectiveness, scale, and impact of community case management (CCM).

SC4CCM works to identify, demonstrate and institutionalize supply chain management (SCM) practices that improve the availability and use of selected essential health products or treating children under five in community-based programs in **Ethiopia, Malawi and Rwanda**.

In 2008 alone, 8.8 million children died before reaching their fifth birthday. Many of these deaths could have been prevented by low-cost prevention and treatment interventions. CCM is an approach designed to reach more of these children and reduce childhood mortality by treating common childhood illnesses at the community level.

Anecdotal evidence suggests, however, that CCM of pneumonia and other illnesses that affect children is hampered by ineffective supply chains and inconsistent availability of good-quality medicines and basic health supplies. Without appropriate products on hand, programs fail, and children continue to die unnecessarily.



Supply chains that ensure a reliable supply of medicines to CHWs will be critical to treating children, like this boy in Malawi.

**SC4CCM News**

[Rwanda data validation workshops](#)

**Where We Work**

SC4CCM is an initiative of JSI Research & Training Institute, Inc.



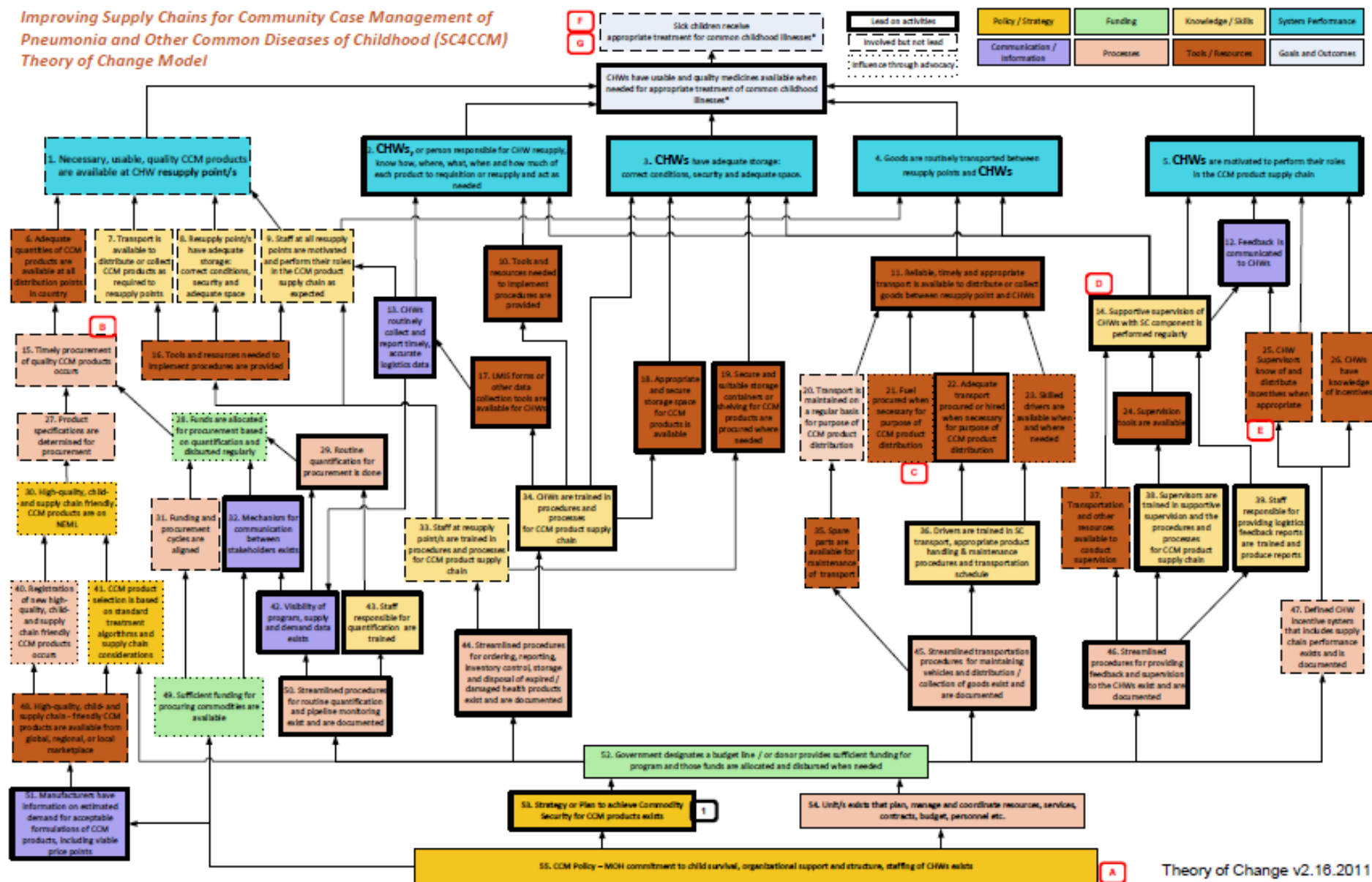
Supported by a grant from

**BILL & MELINDA**  
GATES foundation

<http://www.sc4ccm.jsi.com/>



**Improving Supply Chains for Community Case Management of  
Pneumonia and Other Common Diseases of Childhood (SC4CCM)  
Theory of Change Model**



Theory of Change v2.16.2011



an affiliate of Johns Hopkins University

## CCM Activities of Jhpiego

- Focus in Nigeria—building on malaria
- Using Community Directed Interventions (CDI) approach of WHO/APOC/TDR
- Started with Malaria in Pregnancy, ExxonMobil Foundation in Akwa Ibom State (IPTp, ITNs)
- Expanded to iCCM (RDTs, malaria, pneumonia, diarrhea)
- Adapted CDI/CCM training materials to train core teams in 8 states for World Bank, USAID

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## iCCM Task Force

- *Steering Committee: WHO, UNICEF, USAID, Save the Children*
- CCM Operations Research Group

## Global Action Plan for the Prevention and Control of Pneumonia (GAPP)

- Diarrheal Disease

## RBM Partnership

Case Management Working Group

*Expanding Access to Treatment Work Stream*

# CCMCentral

Integrated Community Case Management of Childhood Illness

[Home](#) [About](#) [Tools](#) [iCCM Indicators and Benchmarks](#) [Operations Research](#) [Links and Documents](#)

This website is a product of the **iCCM Task Force**. The website aims to centralize resources, provide examples of best practices and give access to tools. It also provides a forum for answers to questions and discussions of challenges. The website has been developed and is currently managed by Maternal Child Health Integrated Program (MCHIP).



**LATEST:** Ticker 02: Ticker headline



## About

The iCCM Task Force is an association of multilateral and bilateral agencies and NGOs,...

## UPCOMING EVENTS

- ▶ **Workshop to Identify Priority Implementation Research – Nairobi, Kenya September 12-14, 2011**
- ▶ **GAPP Workshop – Bangladesh September 26-30, 2011**  
Facilitator preparation to be held the 26th, with workshop...
- ▶ **GAPP Workshop – Rwanda October 24-28, 2011**  
Facilitator preparation to be held the 24th, with workshop...
- ▶ **GAPP Workshop Follow-up Visit – Zambia (tentative) November 1-4,**

[www.ccmcentral.com](http://www.ccmcentral.com) (Coming Soon)

# CCM Central Indicators & Benchmarks

Introduction to the Indicators and Benchmarks ...

ICCM Benchmarks	Global	Country	Expanded Results Framework
Component name	Advocacy and Planning	Pilot and Early Implementation	Expansion/Scale-up
Component One: Coordination and Policy Setting	<p>Mapping of CCM partners conducted</p> <p>Technical advisory group (TAG) established including community leaders, CCM champion &amp; CHW representation</p> <p>Needs assessment and situation analysis for package of services conducted</p> <p>Stakeholder meetings to define roles and discuss current policies held</p> <p>National policies and guidelines reviewed</p>	<p>MOH leadership to manage unified CCM established</p> <p>Discussions regarding ongoing policy change (where necessary) completed</p>	<p>MOH leadership institutionalized to ensure sustainability</p> <p>Routine stakeholders meetings held to ensure coordination of CCM partners</p>
Component Two: Costing and Financing	<p>CCM costing estimates based on all service delivery requirements undertaken</p> <p>Finances for CCM medicines, supplies, and all program costs secured</p>	<p>Financing gap analysis completed</p> <p>MOH funding in CCM program invested</p>	<p>Long-term strategy for sustainability and financial viability developed</p> <p>MOH investment in CCM sustained</p>
Component Three: Human Resources	<p>Roles of CHWs, communities and referral service providers defined by communities and MoH</p> <p>Criteria for CHW recruitment defined by communities and MOH</p> <p>Training plan for comprehensive CHW training and refresher training developed</p>	<p>Role and expectations of CHW made clear to community and referral service providers</p> <p>Training of CHWs with community and facility participation</p> <p>CHW retention strategies, incentive/motivation plan implemented</p>	<p>Process for update and discussion of role/expectations for CHW in place</p> <p>Ongoing training provided to update CHW on new skills, reinforce initial training</p> <p>CHW retention strategies reviewed</p>

[www.ccmcentral.com](http://www.ccmcentral.com) (Coming Soon)



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To comment on this or participate in this community, please login or register.

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## Welcome to CHW Central

Welcome to *CHW Central*, an online resource for information and dialogue about Community Health Workers (CHW). CHWs play an important role in increasing access to health services in poor and underserved communities around the world. *CHW Central* supports community health workers and strengthens CHW programs by connecting experts, practitioners, and supporters in interactive discussion forums and sharing the latest developments in CHW research, practice, and policy.



### What's New

[Upcoming Events](#)[Dynamic Discussions on Hot Topics at the CHW Central Launch](#)[Read more](#)[CHWs in the News:](#)[A health worker for everyone, everywhere](#)

### Conversations with...

[CHW Incentive and Motivation](#)[A Conversation with : Dan Irvine](#)[September 1, 2011](#)

In many of my recent community health worker (CHW) engagements, the topic of incentive and motivation has jumped to the fore. CHW incentive is an obvious concern for every program, and thus...  
[Join the conversation >>](#)



### Resources

Search the CHW Central resource database for training materials, tools, journal articles, and more.

**Dan Irvine** has begun a discussion  
on **incentives and motivation**.

## UNICEF:

- mHealth and CCM Meeting
- ASTMH in December in Philadelphia:

***Symposium: *Scaling up integrated community case management (CCM) in low-resource settings: review of evidence from implementation research****

- **USAID/MALAWI** Community Case Management Evaluation

**COMMUNITY CASE MANAGEMENT  
OF DIARRHOEA, MALARIA AND PNEUMONIA  
OF SICK CHILDREN  
FOR SUB-SAHARA AFRICA IN 2010:**

**DATA REPORT OF A DESK BASED SURVEY  
OF UNICEF COUNTRY OFFICES**

**UNICEF Headquarters, Eastern and Southern Africa Regional  
Office & Western and Central Africa Regional Office  
July 8, 2011**

## Post *CCM Essentials Guide* activities...

- CIDA Programs (IRC, PSI, Save)  
*Barriers & Challenges/Solutions & Best Practices*
  - Procurement & Supply Chain Management
  - Training
  - Supervision
  - CHW – Motivation & Incentives
- Expanded Impact Project (IRC, CW, WR)
- mHealth & CCM
- IMCI Working Group → Community Child Health
  - CCM Task Force → **CCM TAG**

# CCM TAG

## Planning Committee:

Jeanne Koepsell,  
Save the Children  
Laban Tsuma, MCHIP  
Sue Leonard,  
Independent  
Shannon Downey,  
CORE Group

## Planning Advisors:

CORE Group  
MCHIP  
Save the Children  
UNICEF  
USAID  
WHO



*Survey: next level of CCM implementation challenges and resource gaps*

- 1) Advocacy and Relations with MOH
- 2) Training
- 3) Supervision
- 4) Supply Chain Management
- 5) M&E and/or Research
- 6) Quality of Care

Organizations surveyed include: ChildFund International, Concern Worldwide, Curamericas, Save the Children, World Relief, and World Vision

Country specific programs referenced include: Burundi, Honduras, Liberia, Niger, Rwanda, and Senegal

- 1. Government Relationships**
- 2. Supervision**
- 3. Supply Chain Management**